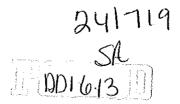
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2013 FEB -5 AM 11: 05

SC PUBLIC SERVICE COMMISSION

Susan J. Berlin Counsel, Regulatory Affairs

Sprint Nextel GAATLD0704 3065 Akers Mill Road, S.E., 7th Floor Atlanta, Georgia 30339 Office: 404-649-8983 Email: susan.berlin@sprint.com

February 4, 2013

Via Overnight Delivery

Ms. Jocelyn Boyd Chief Clerk and Administrator Public Service Commission of South Carolina 101 Executive Center Drive, Ste. 100 Columbia, South Carolina 29210

Re: Docket 2013-48-C

Dear Ms. Boyd:

Enclosed please find Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form, FCC Form 555.

Thank you for your attention to this matter. Please let me know if you have any questions or concerns.

Sincerely yours,

Susan J. Berlin

Enclosures

cc:

Office of Regulatory Staff

Jack Pringle, Esq.

Approved by OMB 3060-0819



FCC Form 555 November 2012

2013 FEB -5 AM II: 05

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3 Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

SC	_
State	and manide a continuation form for each state in which it
(An Eligible Telecommunications Carrier (E1C) mi provides Lifeline service).	ust provide a certification form for each state in which it
249013	v.rg.n mobile USA, LP - SC
Study Area Code(s) (SAC)	ETC Name(s)
Sprint Nextel Corporation	Assurance Wireless
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
anach adamonal sneets if necessary)	
eligibility documentation prior to enrolling a cus knowledge, the company was presented with doc program-based eligibility prior to his or her enro. I am authorized to make this certification for the	ication procedures in place to review income and program-based stomer in the Lifeline program, and that, to the best of my cumentation of each consumer's household income and/or allment in Lifeline. I am an officer of the company named above. Study Area(s) listed above. Initial JF
249013	
(List the specific SAC(s) for which you are making areas within the state. Attach additional sheets in	ng this certification if it is not applicable to all of your study if necessary).
AND/OR	
ETC access to a state database and/or notice of which qualifying programs (e.g., SNAP, SSI) the	consumer eligibility by relying on

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JF

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wircline Resellers
86867	0

C	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
85673	57637	28036	247	28283	11461

1	J	К	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers Decurolled or Scheduled to be DeEnrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	· 0

FCC	Form	555
Nove	mber	2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to	June
(insert current year). I am an officer of the company named above. I am authorized to make this certification	cation for
the Study Area(s) listed above. Initial JF	

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JF

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N Subscribers De-Enrolled for Non-Usage	
Month		
January	0	
February	0	
March	0	
April	0	
May	0	
June	4	
July	4	
August	5	
September	2	
October	2	
November	1	
December	0	

Signed,

Jay M. Franklin	Jay M. Franklin	
Signature of Officer	Printed Name of Officer	
Assistant Controller	Jan-30-13	
Title of Officer	Date	
Karine Hellwig	913-762-5929	
Person Completing this Certification Form	Contact Phone Number	